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CONFIRMATION NO. 6562

SERIAL NUMBER 10/725,985	FILING DATE 12/02/2003 RULE	CLASS 365	GROUP ART UNIT 2824	ATTORNEY DOCKET NO. YOR920030310US1
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APPLICANTS

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** CONTINUING DATA *none ap*

** FOREIGN APPLICATIONS *none ap*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	10	19	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

EASY AXIS MAGNETIC AMPLIFIER

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